

REQUEST FOR CERTIFICATE OF INSURANCE

Account Name: City of Spokane

Date of Event:

Today's Date:

Requested by: **Your Name**

Phone No.

For Department /Location: City of Spokane or **Location**

This request has

additional pages

Certificate Holder: **Name of Company or Organization requiring Certificate**

Address:

City, State, Zip:

ATTENTION:

Reason for
Certificate:

Describe Event or Name of Contract

Attach any written insurance requirement from a contract or agreement

Limits

Required
Coverages:

- General Liability
- Workers Compensation
- Umbrella
- Automobile Liability *(provide description below)*
- Automobile Physical Damage *(provide description below)*
- Property/Contents *(provide description below)*
- Equipment *(provide description below)*
- Other:

Description: (JOB #/year/make/model/VIN/serial)

- Additional Insured (GL/Auto)
- Loss Payee / Mortgagee

Special
Instructions:

- Primary/ Non-Contributory
- Waiver of Subrogation (GL/Auto/WC)
- Cancellation:
- Other:

Handling
Instructions:

- E-mail to Certificate Holder @
- E-mail to Certificate Requester @ **Your email address**
- FAX to Certificate Holder @
- FAX to Certificate Requester @
- Other:

Comments: **Special Instructions or additional information**

NOTE: Please include any written request you may have received from others for this Certificate of Insurance and let us know of any additional requirements, if needed.
Email to spuckett@spokanecity.org (Risk Management)